

**MISSOURI SUBSTANCE ABUSE COUNSELORS' CERTIFICATION BOARD  
OFFICIAL STATEMENT OF COMPLAINT**

Instruction to Complainant

1. Please type or print clearly in black ink.
2. Give the full name and address of the certified/recognized counselor against whom the complaint is made.
3. Give the full name, address, and telephone number of the person making the complaint.
4. State the facts of the complaint clearly and specifically. Copies of documents, letters or other exhibits supporting the complaint should be provided whenever possible.
5. Mail the completed form to:

**Missouri Substance Abuse Counselor's Certification Board  
P.O. Box 1250  
Jefferson City, MO 65102-1250**

**NOTICE TO COMPLAINANT**

Both the complaint and any information obtained as a result of the investigation thereof shall be considered a closed record and shall not be available for inspection by the general public. However, a copy of the complaint and any attachments thereto shall be provided to any certified/recognized counselor who is the subject of the complaint, or his/her legal counsel, upon written request to the Board.

Complaint is made against: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Phone Number

Name of person filing complaint: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Phone Number

Date(s) of alleged violation(s): \_\_\_\_\_

(Please complete backside of this form)

Detailed, specific statement of facts upon which this complaint is based: (use additional pages if necessary)

### Witnesses

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address

City State Zip Code

Phone Number

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address

City State Zip Code

Phone Number

Will you, as the complainant, willingly testify at a hearing if the Missouri Substance Abuse Counselors' Certification Board takes disciplinary action as a result of this complaint?

Yes or No \_\_\_\_\_

I hereby certify that to the best of my knowledge all statements in the above complaint are true and correct.

Signature of Complainant Date

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public

My commission expires \_\_\_\_\_

(SEAL)